

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16989

State File No. 2243

ED JUN 7 1943 49

Registration District No. 2

Primary Registration District No. 7002

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6434 Summit St., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
(Specify whether years, months or days) 51 years,

3. (a) PRINT FULL NAME Mrs. Maud Elton Janssen

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Alexander Janssen (c) Age of husband or wife if alive dec. years
7. Birth date of deceased November 7 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X
12. Name George Stout

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Eiler,
(City, town, or county) (State or foreign country)

15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ward C. Gifford,
(b) Address 434 W. 61st Ter., Kansas City, Mo.

17. (a) Burial (b) Date thereof 5-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-15-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 6434 no Summit
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th
year 1943 hour 10:45 minute A M.

21. I hereby certify that I attended the deceased from April 28, 1943, to May 14, 1943;
that I last saw her alive on May 14, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 30 min
acute

Due to Coronary sclerosis

Due to Pelvic urcinomatosis, probably primary in left ovary 12 mos.
Other conditions (Include pregnancy within 3 months of death)

4902

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph E. Ecker (M. D. or other) MD
Address 836 Prof. Bldg Date signed 5/14/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Joseph E. Welker

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Licensed Embalmer No. 1415

P. O. Address 152nd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.